PATENT APPLICATION FEE DETERMINATION RECORD

Appation or Docket Number
09/8/3/19

Effective October 1, 2001							109/8/3/11						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR: SMALL ENTITY			
TOTAL CLAIMS								RATE	FEE		RATE	FEE.	
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	37 5 .00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS				ıs 2 3 =	*			X\$ 9=		OR	X\$18=		
	PENDENT CLA			us 3 =	*			X42=		OR	X84=		
MÜL	TIPLE DEPEND	ENT CLAIM PF					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							L		37500	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL E		OB	OTHER SMALL I		
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total		Minus	- * *		=		X\$ 9=		OR	X\$18=		
	1	*	Minus	***				X42=		OR	X84=		
	FIRST PRESEN	ITATION OF M	JLTIPLE DEP	ENDE	VT CLAIM			+140=		QR	+280=		
					43		L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										ADDI-			
NT B		CLAIMS REMAINING AFTER AMENDMENT		PRE'	SHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ļ	
ME	Independent	*	Minus	***		=	$\{ \ [$	X42=		OR	X84=		
	FIRST PRESEN	NTATION OF M	ULTIPLE DEI	PENDE	NT CLAIM		ا ر	+140=		OR			
							L	TOTAL		OF	TÖTAL ADDIT. FEE	=	
		(Column 1)		· (Co	lumn 2)	(Column 3)							
NT C		CLAIMS REMAINING AFTER AMENDMENT		NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OF	XS18=		
AMENDMENT	Independent	*	Mlnus ^{, f}	***		=:	_	X42=		OF	X84=		
	FIRST PRESE	NTATION OF N	AULTIPLE DE	PENDE	ENT CLAIN	1		+140=		OF	-280=		
	If the entry in colu	mn 1 is less than	the entry in col	umn 2, \	write "0" in c	olumn 3.	n "	TOTAL		OF	TOTA ADDIT: FE	L E	
**	If the "Highest Nu *If the "Highest Nu *In the "Highest Nu	mber Previously imber Previously	Paid For" IN The Paid For" IN The Told: For" (Taba)	IIS SPAI IIS SPA Or Indon	UE is less th CE is less th	ran 20, emer 2: nan 3, enter "3. na highest numb	o. ber to	ADDIT FEE	ippropriate t	nox In			
	The "Highest Nur	nper Hreviousiy I	aju roi (Total	or mueh	remonny is n	15 11181124			Construction	us.	DEPARTMENT	OF CÓMIAGA	

	application of bocket number
PATENT APPLICATION FEE DETERMINATION RECORD	

Effective October 1, 2000

09813/19

CLAIMS AS FILED - PART I (Column 1)					(Colur	nn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			23				RATI	Ε	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	ુ્ર3 min	us 20=	. 3		X\$ 9	=		OR	X\$18=	54=
IN	DEPENDENT CL	AIMS	2 min	nus 3 =	*		X40:	=		OR	X80=	-
MULTIPLE DEPENDENT CLAIM PRESENT							+135	=		OR	+270=	
* 1	the difference	in column 1 is	r "0" in c	olumn 2	TOTA	L		OR	TOTAL	764.5		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co							SMA	LL E	NTITY	OR	OTHER SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RAT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CLAIM	=	X40:	=		OR	X80=	
┞	FIRST PRESE	NIATION OF W	OLTIPLE DEF	ENDEN	I CLAIN		+135	=		OR	+270=	
	•						TO			OR	TOTAL ADDIT. FEE	
(Column 1) (Column						(Column 3)	ADDIT. F	·FF	···· · · · · · · ·		AUDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9	=		OR	X\$18=	1
	Independent	•	Minus	***		=	X40:	=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+135	_		OR	+270=	
-		•					TO	TAL		OR	TOTAL	
ŀ		(Oaluma 4)		(Calu	()	(Column 3)	ADDIT. F	EE			ADDIT. FEE	<u></u>
AMENDMENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	IMN 2) HEST MBER IOUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	ï
ME	Independent	*	Minus	***		=	X40:	<u>-</u>		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	IT CLAIM		105				. 270	
	If the entry in colu	ımn 1 is less than t	the entry in colu	ımn 2. wri	te "0" in co	Humn 3.	+135			OR	+270= TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											